



TPW

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/699,224
		Filing Date	October 30, 2003
		First Named Inventor	
		Art Unit	2611
		Examiner Name	Corriuelus, Jean B
Total Number of Pages in This Submission	15	Attorney Docket Number	3364P150

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> US 7,028,246 B2; and return psotcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input checked="" type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric S. Hyman, Reg. No. 30,139 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Linda Metz
Signature	
Date	5/8/07

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ncc) 10/12/2006.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



**EEZ TRANSMITTAL
for FY 2006**

Patent fees are subject to annual revision.

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	Examiner Name	Corriels, Jean B
	Art Unit	2611
TOTAL AMOUNT OF PAYMENT	(\\$)	180.00
	Attorney Docket No.	3364P150

METHOD OF PAYMENT (*check all that apply*)

- Check Credit card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge fee(s) indicated below, except for the filing fee Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	15	20 ^m	= 0 x 25.00	= \$0.00
Independent Claims	3	3 ^m	= 0 x 100.00	= \$0.00
Multiple Dependent				

<u>Large Entity</u>	<u>Small Entity</u>			
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Description</u>
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	790	2204	395	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)			(\\$)	0.00

***or number previously paid, if greater. For Reissues, see below.*

2 ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1061		2051		Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	785	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

Information Disclosure Statement

SUBTOTAL (2)

Fee Paid

180.00

SUBMITTED BY

Complete (if applicable)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Eric S. Hyman	Registration No. (Attorney/Agent)	30,139	Telephone
Signature			Date	5/7/09

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 02/26/2007.
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